

Medicaid Integration... Coordinating Care, Improving Outcomes, Saving Dollars



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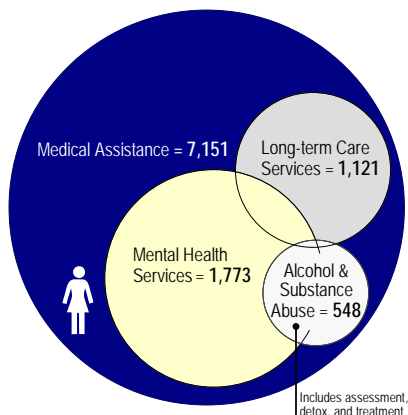
Background

The Washington Medicaid Integration Partnership (WMIP) is a Snohomish County pilot project authorized by the Legislature and aimed at coordinating Medicaid services to improve health outcomes for aged, blind, or disabled clients. The pilot project will demonstrate that care can be delivered more efficiently, saving an estimated \$4.3 million in its first three years. But the real target of the WMIP program is to improve care and quality of life for aged, blind, or disabled clients by coordinating services that in the past have been provided through separate treatment systems and funding silos: medical assistance, substance abuse treatment, mental health services, and long-term care.

Improving Client Outcomes Through Integration

Aged, blind, or disabled clients have complex care needs

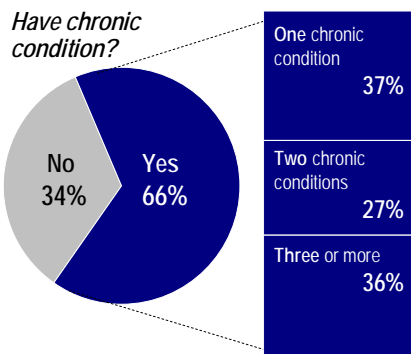
Many receive multiple DSHS services
Snohomish County, 2002



- Many aged, blind, or disabled Medicaid clients receive services from two or more DSHS programs.¹ This makes life complicated for clients who have to access multiple programs to get the help they need.
- DSHS services are costly for these clients. In Snohomish County alone, these Medicaid clients received **\$96.6 million** in DSHS services in FY 2002 – about **\$13,500 per client per year** across all DSHS programs. (*Excludes SSI cash grants.*)
- Medical costs account for almost half of this total – **\$47.8 million** in FY 2002.
- Integration will give clients one point of access for services.

Most clients with mental illness have other chronic illnesses

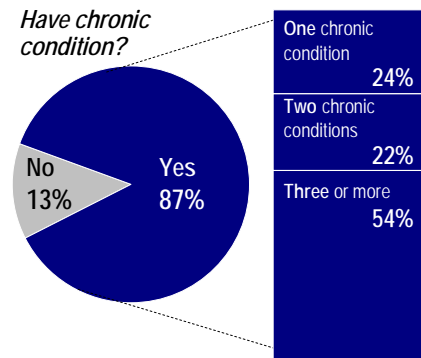
Chronic illness among the MH clients
Snohomish County, 2002



- 66 percent** of Mental Health Division clients in the WMIP target population have at least one chronic physical condition.²
- Over **one-third** – 36 percent – of mental health clients with a chronic physical condition have at least **three chronic conditions**.
- 24 percent** of mental health clients have a cardiovascular condition, **20 percent** have a pulmonary disease such as asthma or COPD, and **10 percent** have diabetes.

Among our aging population, rates of chronic illness are even higher

Chronic illness among LTC clients
Snohomish County, 2002



- Chronic conditions are even more frequent among the long-term care (LTC) population, with **87 percent** having at least one chronic condition.
- More than half of those with a chronic condition – **54 percent** – have three or more conditions.
- 48 percent** have a cardiovascular condition, **26 percent** have a pulmonary disease such as asthma or COPD, and **21 percent** have diabetes.
- Further, **22 percent** of LTC clients have a diagnosis of mental illness, and **6 percent** have substance abuse, dependence, or substance induced psychosis.

Improving Care Coordination And Access To Care

Our service rates now

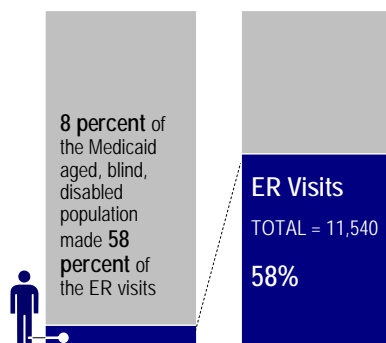
Are we serving those in need?
Snohomish County, 2002



- One in four clients with a substance use disorder** received treatment from the Division of Alcohol and Substance Abuse in FY 2002.
- In Snohomish County, **two in four clients diagnosed as mentally ill** were served by the DSHS Mental Health Division in FY 2002.
- Funding constraints, eligibility rules, and lack of care coordination limit access to treatment.
- The Medicaid integration project will give these clients a care coordinator to make sure they have access to the care they need.

Frequent emergency room visitors have high rates of substance abuse and mental illness

Intense users of the system
Snohomish County, 2002

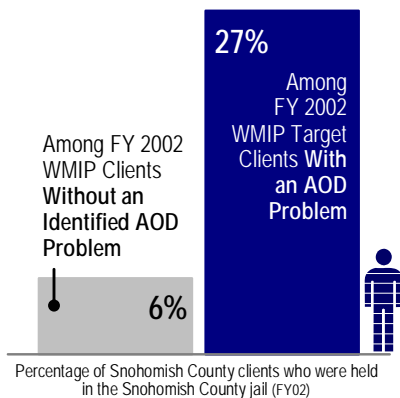


- The 7,151 Snohomish County aged, blind, or disabled clients made **11,540 emergency room visits** in FY 2002.
- The 537 clients who visited the ER six or more times in the year accounted for **58 percent** of the total – 6,733 visits, for an average of 12.5 visits per client per year.
- 36 percent** of the 537 most frequent ER visitors in Snohomish County have a co-occurring AOD disorder and mental illness.
- These 537 clients received an average of **177 days of prescription opiates** in FY 2002.

Realizing Community Outcomes As Well

Clients with alcohol or drug problems are more likely to go to jail

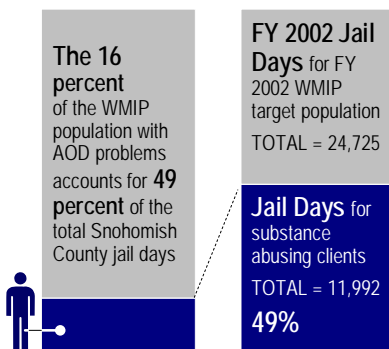
Percent with jail stay in FY 2002
Snohomish County, 2002



- **16 percent** of FY 2002 clients in the WMIP target population had an alcohol or drug (AOD) disorder identified in their medical claims.
- Clients in the FY 2002 WMIP target population with an identified AOD disorder in their medical claims are **four times more likely** to have spent time in the Snohomish County Jail, compared to those without an identified AOD disorder.
- **WMIP target clients with a jail stay in FY 2002 spent on average 37.2 days in the jail** during the year. The average for WMIP target clients with an AOD disorder was 38.6 days.

WMIP clients spent 24,725 days in the County Jail in FY 2002

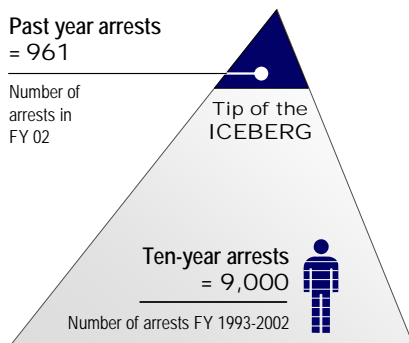
AOD disorders and county jail time
Snohomish County, 2002



- In FY 2002, the WMIP target population spent 24,725 days in the Snohomish County Jail.
- Clients with identified AOD disorders accounted for almost **half of the jail days** – 11,992 days (49 percent) of 24,725 total.
- These jail days exclude the time clients may have spent in the county's two smaller jails or in jail outside Snohomish County.
- This count of jail days in a single year is the **tip of the iceberg**. These clients are jailed at high rates year after year.

Arrests in a single year are the tip of the iceberg

A 10-year perspective on arrests
Snohomish County 2002 clients, looking back 10 years



- In Washington State Patrol (WSP) arrest data, clients in the FY 2002 WMIP target population were arrested 961 times in FY 2002.
- Statewide, these 7,151 clients accounted for **9,000 arrests in the WSP database over a ten-year time span**.
- This indicates we're seeing a **persistent group of people**, many of whom are abusing drugs or alcohol, who are consuming a substantial amount of public dollars.
- About one in four of the crimes is drug related; about 15 percent are theft, burglary, robbery, or fraud; and about 12 percent assault or harassment.

Pulling It All Together

An opportunity to improve how we care for our clients

The Washington Medicaid Integration Project will accomplish three goals:

- **Improve client outcomes** by integrating service delivery for clients with complex health needs.
- **Improve care coordination and access to care**, preventing gaps in treatment or problems that can occur when clients need help from multiple service providers.
- **Realize community outcomes** – safer communities and healthier families – by reducing crime and lowering criminal justice costs.

STATUS OF THE PILOT PROJECT

Molina Healthcare of Washington has begun providing care for about 3,500 aged, blind, or disabled clients. The benefit package includes Medical Assistance and Substance Abuse treatment. Mental Health and Long-Term Care will be added later in the year.

The changes clients will notice first

- WMIP enrollees no longer need to search for a primary care provider. Enrollment in a managed care plan guarantees access to medical care from a primary care provider.
- Enrollees also have a new care coordinator, a person specifically focused on helping them get the coordinated medical, mental health, chemical dependency, and long-term care services they need.
- Enrollees with more complex needs receive the support of an interdisciplinary team.

Realizing savings

- DSHS estimates **\$1.6 million** will be saved in the second year of program implementation and **\$2.7 million** in the third year.
- The data suggests that savings potential exists for government expenditures outside the DSHS budget. This is expected to have a positive impact on state and local budgets, as well as Washington communities and the private sector.

This data brief was prepared with the assistance of **DSHS Research and Data Analysis Division**, Olympia, Washington. Analysis of county jail data was conducted by Looking Glass Analytics.

¹ Data are presented for Snohomish County age 21+ categorically needy aged, blind, or disabled Medicaid clients (not dually eligible for Medicare) in FY 2002.

² Chronic physical conditions were identified from diagnoses in clients' FY 2002 fee-for-service medical claims using the Chronic Illness and Disability Payment System (CDPS) chronic condition categories. These categories include gastrointestinal, pulmonary, infectious disease, central nervous system, cancer, metabolic, diabetes, hematological, developmental disability, cerebrovascular, eye, cardiovascular, renal, genital, skin, and skeletal and connective tissue disease conditions.